

City of Rochester

FAX (585) 428-6774
TDD/Voice 232-3260

City Clerk's Office
Licensing Division

City Hall, Room 100-A
30 Church Street
Rochester, New York 14614-1285
(585) 428-6617

Marriage Research
City Clerk's Office
30 Church Street, Room 100-A
Rochester, New York 14614-1290
(585-428-6617)

Only licenses originally purchased in the Rochester City Hall from 1910 to present will be on file in this office.

The person requesting a copy of a marriage license must:

- * Be one of the applicants
- * Have power of attorney with proper documentation
- * Be a representative of a government/legal agency
- * Be a relative of the couple whose marriage is more than fifty years old and both parties are known to be deceased. (Genealogical only)
- * Be an attorney representing either party

FEES: Charges apply whether a record is found or not, If no record is found, a certification of no record will be issued.

There is a \$10.00 initial fee for the first year searched.
If you are unsure of the exact year, there is an additional \$1.00 fee for the second year to be searched and an additional \$.50 for every year thereafter.

PAYMENT: ALL FEES ARE TO BE PAID IN ADVANCE. Fees may be paid by check, money order or cash (in person), payable to the "City Clerk of Rochester." Enclosed a stamped, self-addressed envelope.

VETERANS: Veterans may obtain verification free of charge upon surrendering the official request for marriage records from the Veterans Administration or State Division of Veterans Affairs.

***** PROCESSING TIME IS APPROXIMATELY 24 TO 48 HOURS FROM INITIAL RECEIPT OF REQUEST. *****

PLEASE NOTE- THERE IS A SEPARATE FORM FOR GENEALOGICAL RESEARCH

IMPORTANT: PLEASE READ ALL INFORMATION ON THE REVERSE SIDE OF THIS APPLICATION. PLEASE PRINT OR TYPE ALL INFORMATION BELOW.

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- 1. Date of marriage ceremony: Month_____Day____Year_____
- 2. If uncertain, specify years needed to be search: From_____To_____
- 3. Full name of groom:_____
- 4. Full name of bride before this marriage (If bride was previously married, include maiden name):_____
- 5. Number of certified copies needed (\$10.00 per copy):_____
- 6. Name of person requesting search (see reverse side):_____
- 7. Address (street, city, state, zip):_____

- 8. Contact telephone number: _____

NOTARY CERTIFICATION

Subscribed and sworn to me this_____day of_____, 20_____ the subscriber
_____ personally came in.

(Signature of Applicant)

(Signature of Notary/Commissioner of Deeds)

*****DO NOT WRITE BELOW*****

Year(s) searched:_____

Date completed:_____

Fees received: _____

Clerk: _____

Licensed Register No: _____

(Mailed or Picked Up)